

COUNTY COUNCIL OF
CUMBERLAND

ANNUAL REPORT

ON THE

HEALTH SERVICES
OF THE COUNTY

FOR THE YEAR 1946

KENNETH FRASER,

M.D., F.R.S.E., D.P.H., D.T.M.
COUNTY MEDICAL OFFICER,

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TO THE CHAIRMAN AND MEMBERS OF THE CUMBERLAND COUNTY COUNCIL.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I beg to present my Fifteenth Annual Report on the Health Services of the County. The report might usefully have been on a larger scale and a good deal additional might usefully have been said, but the restriction this time has not been due to any instructions or economy in paper, but to the equally compelling factor of economy in time. The preparation of schemes under the National Health Service Act, 1946, which have to be submitted within a time-table of a few months, arrangements for taking over the administration of Blencathra Sanatorium, dealing with the outbreak of infantile paralysis, which unhappily has recently occurred in this County, and many incidental matters such as the development and expansion of the School Mental Health Service and other new commitments in connection with the School Health Service, have reduced the value of the working hour in time almost as much as the £ has been reduced in cash value.

Vital Statistics.

The vital statistics for 1946 call for little comment. The birth rate is up quite substantially in harmony with the rest of the country; the illegitimate birth rate is falling; the death-rate is slightly down; maternal mortality and deaths from pulmonary tuberculosis are both low; cancer remains unchanged, and the only two items calling for comment are (a) the continued rise in deaths from heart disease, which this year is substantial, and (b) the rise in the deaths of infants from prematurity and congenital causes.

The National Health Service Act, 1946.

As indicated above, much of our time has been taken up, and is being taken up, with the preparation of schemes under those sections of the Act which deal with the new duties of County Councils as local Health Authorities. Our proposals under Section 26 (Ambulance Service) and Section 27 (Immunisation and Vaccination) were completed and lodged at the Ministry within the appointed period, but, of course, the lodgement of the proposals is merely the opening phase; the proposals, when and if approved, have still to be implemented. Many quite difficult points will arise. As an example, the new Ambulance and Sitting-case Car Service may be cited. It is clear that this new Service, which is

free, may well, unless adequate safeguarding precautions are taken, be liable to abuse. An ambulance card, which will govern the administration of this Service, is therefore in course of preparation, and will be widely distributed.

It is clear that the coming into operation of this Act represents a major change in the Health Services of County Councils, indeed it represents a major national change, and while the objective is naturally to effect a smooth transfer, in other words to let the clutch in gently, it is clear that this objective will not be attained without the full co-operation of all the interests involved.

At the moment of writing, the attitude of the medical profession as a whole, towards certain important aspects of the proposals, is still uncertain, and one can only venture to express the hope that a solution, agreeable and acceptable all round, may be found.

There is one point on which I think it is my duty to make some comment. There may be, and in fact I know there is, in some quarters, a feeling that from the Local Authority point of view we will at least have the satisfaction of being relieved of substantial financial commitments in respect of the hospitalisation of patients by the transfer of this responsibility to the new Regional Board. I have gone into the figures with some care, and although it is utterly impossible to estimate with any degree of accuracy, I am satisfied from a preliminary investigation of the position, that the financial liability which will fall upon this County Council (not all at once) in respect of the new duties we will take over, will exceed by a substantial figure the financial liabilities of which we are about to be relieved.

Shortage of Nurses.

This remains one of our principal headaches, and during the summer of this year a widely representative conference was called of all the interests involved to consider the situation, and to see what could be done by the use of part-time nursing assistance in so far as this may prove to be available. A committee is being formed to explore this matter further. Investigations preliminary to the conference made it quite clear that *at the time of the conference* the nursing staffs of the County Council (including the Public Assistance Institutions) and of the Cumberland Nursing Association and the affiliated associations, were very nearly up to establishment. The majority of the voluntary hospitals and cottage hospitals were in the same position. Perhaps the two exceptions

which should be referred to are the Maryport Cottage Hospital, where the nursing situation has been extremely tight for many months, and Workington Infirmary, where the maternity unit has, I understand, only been working to about half capacity for approximately the same period on account of shortage of trained midwives. Actually the Maryport Cottage Hospital has a locally organised scheme for part-time assistance, which has resulted in some benefit.

The principal needs, however, lie with the Cumberland Infirmary, the mental hospital at Garlands and Dovenby Colony for mental defectives. The Cumberland Infirmary were, at the time, short of 26 State Registered Nurses and 31 probationers. It was estimated that to make good the deficiency in S.R.N.'s by part-time service, 130 part-time nurses would be required, or 118 if a number were prepared to undertake a full 12-hour night duty. This shortage is, of course, a very serious position for the base hospital for the area with its expanding services and probable expansion of beds in the near future.

Both the mental hospital at Garlands and the colony for mental defectives at Dovenby are very seriously below establishment in respect of nurses with specialised mental training. At Garlands, for example, the nursing staff is short of 6 sisters, 17 staff nurses, 13 nursing assistants and 27 student nurses.

Whether the efforts to enrol part-time nursing assistance on the lines of the Gloucestershire scheme will be successful in this county, it is too soon to guess, but a glance at the above figures makes it abundantly clear that it is extremely unlikely that the requirements of the Cumberland Infirmary could be met, or even approached, on a part-time basis, and it is still less likely that there are available in the area women trained in mental nursing to make any substantial contribution to the situation at either Garlands or Dovenby Colony on a part-time basis.

Now that, under the recommendations of the Rushcliffe Committee, national scales of salaries for all grades of nurses have been standardised, it is clear and understandable that nurses, in applying for vacant posts, are looking for amenities. Amenities may be of a general nature, and in this industrial and mining areas are handicapped. They cannot compete on equal terms with seaside resorts, the Home Counties and the large towns where social attractions are more in evidence. We have found this very definitely to be a factor when vacancies have occurred in the industrial areas of West Cumberland.

Another amenity which counts a great deal is proximity to the nurse's home, which may out-weigh the disadvantage of working in a socially unattractive area. Local amenities which count a good deal in many cases are the availability of houses or of comfortable lodgings. In Cumberland we are not too well off in this respect.

There is no doubt too, that, apart altogether from the question of amenities, certain branches of nursing are more or less attractive, as the case may be, than others. Industrial nursing seems to hold a high place in the list of attractive occupations for nurses. It is interesting to note that while the nursing staffs of local authorities, nursing associations, sanatoria, and voluntary and mental hospitals have been maintained with difficulty at a minimum figure, industrial undertakings appear to experience no difficulty at all. I understand that one local industrial undertaking recently advertised a vacancy and had applications from no less than 30 state registered nurses. This is not difficult to understand because the hours are shorter and factors like the discipline of hospital nursing and the necessity for being always on call, (which applies in the case of midwives and district nurses) do not apply to nurses undertaking their profession in industrial concerns.

Blood Donors.

The situation in respect of this service is by no means free from anxiety. It carries on to the saving of life and the general well being of the community largely through the personal efforts of Dr. Faulds, the Pathologist at the Cumberland Infirmary, but it does not carry on comfortably. The war-time enthusiasm in respect of this service has waned, and it is extremely difficult now to keep the numbers of blood donors up to an adequate figure. The plain truth is that the services of a certain number of willing persons are called upon far too often. I suppose that ultimately the position will arise that persons willing to donate blood will be paid for their services. Meantime the suggestion is being considered that when a case has had blood transfusion the relatives of the patient should undertake to find among their number a blood donor willing to make the necessary replacement to the blood bank.

Other Matters.

One or two other matters called for comment.

- (a) *Residential Nurseries*.—Reference has been made elsewhere in this report to the impending opening of residential nurseries for children, one in Penrith at Sandath, and one in Carlisle Rural District at Orton Park. These residential nurseries will be a great benefit, not only by removing young children from the Public Assistance Institutions, which institutions are, through nobody's fault, not really suitable places for young children to be accommodated, but also because this provision will enable us to assist women at times of stress, such as confinements, illness, and so on, by relieving them for temporary periods of the care of their young children. I want to make it perfectly clear that in saying that the Public Assistance Institutions are unsuitable places for the accommodation of young children, I am speaking on general lines, and *not* making any criticism whatsoever of the care which has been accorded these children in our institutions. On the contrary, if all children deprived of a normal home life, had been as well looked after as this group of children are looked after in this county, there would have been no need for any Curtis Report. I can say this quite frankly, as although I am fully aware of the facts, I have no responsibility whatever in the matter, and claim none of the credit. Nor am I suggesting that we in Cumberland, like the Pharisees, should thank God that we are different from others in this fundamental matter. I am merely stating the plain fact that the children deprived of a normal home life have in this county been very well looked after, and the above steps merely add something to better their situation.
- (b) *Gas and Air Analgesia*.—The training of midwives, and the delivery of the apparatus is proceeding smoothly. We now have 30 midwives trained in the administration of gas and air analgesia. There remain 25 still to train, and we are taking up vacancies for training as quickly as these can be obtained. There are a small number of midwives who, for one reason or another, it does not seem worth while training, for example, married women holding appointments on a temporary basis, or women whose age or health is such that they are unlikely to continue much longer in the service. I think, however, it is reasonable to anticipate that within twelve months

from now, at the outside, practically every midwife in Cumberland who can be trained, will have been trained and supplied with the appropriate apparatus, and also with the apparatus for the estimation of blood pressure.

- (c) *Blencathra Sanatorium*.—Reference to this matter is made elsewhere in this report. We must, of course, now finally abandon the idea of the building of the County Sanatorium which was suspended at the outbreak of war. Future decisions on this matter now pass to the Regional Hospital Board, and, as you will remember, adequate proposals in this connection were included in our local Hospital Survey Report.

With regard to the transfer of the sanatorium from the present trustees to the County Council, this has been a long drawn-out affair, and even at the time of writing no date for the transfer has been suggested. The situation has been extremely difficult, both for the County Council on the one hand, and the present Committee of Management of the sanatorium on the other. Very much requires to be done to bring this institution up to something like modern standards, and the present ill-defined and overlapping responsibility for planning and carrying out these essential improvements has been very awkward for both parties. The situation has been not only complicated but irritating, but if the ultimate target of improving the facilities for the comfort and treatment of our sanatorium patients is attained within a reasonable time, we shall, I think, all be well satisfied.

Staff.

I have again to record my thanks to all members of my staff for their loyal and efficient service during the year.

I am,

Your obedient Servant,

KENNETH FRASER,

County Medical Officer.

11, Portland Square,
Carlisle.

Dental Officers.

Health Visitors.

County Council Midwives.

Dental Attendants.

County Maternity Home, Penrith.

Appointed—Miss F. Robson, Matron.
 „ Miss M. Briscoe, Midwifery Sister.
 „ Nurse M. Mc.Grath, Staff Midwife
 „ Nurse J. Bell, Staff Midwife.
 „ Miss M. Bone, Nursing Assistant.
 „ Miss A. Johnstone, Nursing Assistant.
 Resigned—Miss M. Bone, Nursing Assistant.

STATISTICAL AND SOCIAL CONDITIONS OF THE AREA.

The essential vital statistics for the year 1946 are as under :—

Population.

	At 1931 Census.		Estimated by Registrar General, Mid. 1946.
Urban Districts ..	114,459	..	80,480
Rural Districts ..	91,331	..	120,180
Administrative County ..	205,790	..	200,660

Rateable Value and sum represented by a penny rate.

The rateable value of the County at 1st April, 1946, was £1,009,054. The estimated product of a penny rate was £3,900.

Extracts from vital statistics for the year 1946.

LIVE BIRTHS.

	Total Births.	Males.	Females
Legitimate	3,646	1,913	1,733
Illegitimate	265	128	137
Total Births	3,911	2,041	1,870

Birth Rate per 1,000 population—19.5
(England and Wales 19.1)

STILL BIRTHS.

	Total Still-Births.	Males.	Females.
Legitimate	116	64	52
Illegitimate	12	9	3
Total Births	128	73	55

Rate of Still-Births per 1,000 total births—32.

DEATHS.

Total Deaths.	Males.	Females.
2,522 ..	1,235 ..	1,287

Crude Death Rate per 1,000 population—12.6.
(England and Wales 11.5)

DEATHS FROM DISEASES AND ACCIDENTS OF PREGNANCY AND CHILDBIRTH.

From Sepsis	2
Other Causes	4

Maternal Death Rate per 1,000 Total Births—1.5

DEATH RATE OF INFANTS UNDER ONE YEAR OF AGE

All Infants per 1,000 Live Births	47
Legitimate Infants per 1,000 Legitimate Live Births	46
Illegitimate Infants per 1,000 Illegitimate Live Births	49
<u>DEATHS FROM CANCER (ALL AGES)</u>	313
<u>DEATHS FROM MEASLES (ALL AGES)</u>	Nil
<u>DEATHS FROM WHOOPING COUGH (ALL AGES)</u> ..	4
<u>DEATHS FROM DIARRHŒA (UNDER 2 YEARS)</u> ..	11

The 3,911 live-births were distributed among the Urban and Rural Districts, as follows :—

Births, 1946.

URBAN DISTRICTS.	Total Births	Legitimate	Illegitimate	Birth Rate
Cockermouth	107	103	4	22.0
Keswick	67	61	6	14.8
Maryport	224	213	11	19.5
Penrith	224	202	22	23.2
Whitehaven	506	482	24	22.6
Workington	553	514	39	20.0
<i>Aggregate of Urban Districts</i>	1681	1575	106	20.9
RURAL DISTRICTS				
Alston	37	37	—	16.2
Border	485	445	40	17.6
Cockermouth	350	326	24	19.2
Ennerdale	529	490	39	19.8
Millom	235	218	17	19.9
Penrith	188	175	13	16.4
Wigton	406	380	26	18.2
<i>Aggregate of Rural Districts</i>	2230	2071	159	18.6

The 2,522 deaths were distributed among the Urban and Rural Districts, as follows:—

Deaths, 1946.

URBAN DISTRICTS	Total	Males	Females	Crude Death Rate
Cockermouth	69	29	40	14.2
Keswick	68	31	37	15.0
Maryport	173	85	88	15.1
Penrith	135	59	76	14.0
Whitehaven	274	132	142	12.2
Workington	343	181	162	12.4
<i>Aggregate of Urban Districts</i>	1062	517	545	13.2
RURAL DISTRICTS				
Alston	33	14	19	14.4
Border	328	163	165	11.9
Cockermouth	208	99	109	11.4
Ennerdale	328	152	176	12.3
Millom	153	75	78	13.0
Penrith	138	71	67	12.0
Wigton	272	144	128	12.2
<i>Aggregate of Rural Districts</i>	1460	718	742	12.1

Causes of Death.

Causes of Death.	No. of Deaths.	
	1945.	1946.
Heart Disease	614	681
Inter-cranial Lesions (Cerebral Haemorrhage, &c.)	295	313
Other Circulatory Diseases	96	85
Cancer, Malignant Disease	313	313
Congenital Debility, Premature Birth, &c.	98	116
Pulmonary Tuberculosis	122	97
Other Tuberculous Disease	26	28
Pneumonia (all forms)	117	91
Other Respiratory Diseases	49	44
Deaths by Violence (including Suicide)	74	90
Acute and Chronic Nephritis	58	55
Bronchitis	84	102
Diabetes	26	24
Influenza	17	30
Digestive Diseases	110	75
All other causes	353	356
Road Traffic Accidents	25	22

The above table calls for little comment but it is perhaps worth while noting that the deaths from heart and circulatory diseases and allied conditions have again risen. This, no doubt, is a reflection partly of the increased pace of modern life, partly the aftermath of war, and partly the strain of post-war conditions which are not much less trying to many people than the actual period of combat. The point was once made at a medical meeting that as man has to die of something he may as well die of cardiac failure as of anything else, but I do not think this is quite a true perspective. During 1946 over 150 deaths in this group occurred between the ages of 45 and 65, and I think that is much too high a proportion, and I think that, beyond question, the effect of the strain of modern life under present conditions on the circulatory system is a subject which will call for close scientific investigation in the years ahead.

Infantile Mortality.

Of the 3,911 live births during the year 182 died before reaching the age of 12 months. This figure shows an increase of 20 compared with the previous year. The infant death-rate per 1,000 live births is 47 compared with 48 for 1945. The figure for England and Wales is 43. The causes of death are shown in the following table :—

Causes of Deaths.	No. of Deaths.	
	1945.	1946.
Bronchitis	5 ..	5
Debility, Congenital, premature birth, &c. ..	90 ..	*108
Digestive Diseases—Other	2 ..	—
Diarrhoea, &c.	15 ..	11
Whooping Cough	3 ..	4
Diphtheria	— ..	—
Influenza	— ..	—
Measles	2 ..	—
Pneumonia (all forms)	21 ..	32
Tuberculosis—Non-Pulmonary	2 ..	2
Tuberculosis—Pulmonary	— ..	1
Violence—Deaths by.. .. .	8 ..	9
Other Defined diseases	14 ..	10
Totals	162	182

° Includes 33 premature births

* Includes 53 premature births

In these days when the value of child life to the country is dominant it is disturbing to note that over 100 potential lives have been lost on account of premature birth, congenital

debility and allied conditions. It is clear that close attention must be addressed to this problem in the future. This group of cases, particularly in a scattered rural County, is far from easy to deal with in any adequate way and under existing difficulties and restrictions especially so, but when the present period of stress, due to the preparation of schemes under the National Health Service Act and other similar matters is over, this is a matter which will call for close attention.

URBAN DISTRICTS.	No. of Infant Deaths.	Rate.
Maryport	13	58.0
Whitehaven	23	45.5
Penrith	7	31.2
Workington	32	57.9
Cockermouth	4	37.4
Keswick	1	14.9
Aggregate of Urban Districts	80	47.6
RURAL DISTRICTS.		
Millom	8	34.0
Cockermouth	11	31.4
Alston	3	81.1
Wigton	10	24.6
Ennerdale	31	58.6
Border	28	57.7
Penrith	11	58.5
Aggregate of Rural Districts	102	45.7

1946 Rate for England and Wales .. 43

1946 Rate for Cumberland County .. 47

GENERAL PROVISION OF HEALTH SERVICES.

Laboratory Facilities.

There has been no marked change in the position but during the current year financial responsibility for certain of the bacteriological services of a public health nature have been taken over by the Ministry. The County Council has been relieved of this small item and, therefore, our annual block payment to the Cumberland Pathological Laboratory for this service ceases as from 1st April, 1947. Responsibility

too has been taken over centrally in connection with the examination of certain of the milk samples. The administrative procedure arising out of this change is going to prove a little bit complicated because it involves the marking of each sample at the time of its collection to make it clear to the laboratory whether the Ministry of Agriculture or the County Council is financially responsible.

The situation of the blood transfusion service is referred to elsewhere in this report.

Ambulance Facilities.

Interest in this matter has lately been considerable but rather from the future position than from the present. We take over responsibility for the provision of an ambulance and sitting car service under the National Health Service Act, 1946, from the appointed day next year which is at present 5th July. Our proposals for the future of the ambulance service and for the institution of a sitting case car service on a much wider basis than hitherto have been submitted to the Ministry. We have been most fortunate in securing the co-operation of existing ambulance authorities with a view to their continuing to act as such as agents for the County Council. We are, naturally, very grateful for this help in these times of stress.

Nursing in the Home.

The nursing situation does not improve, and the maintenance of our nursing services, whether in hospital or domiciliary, remains a matter of great difficulty. During the year a number of Nursing Associations have been without the services of a Nurse Midwife for varying periods but somehow or other the essential services have been carried on. We, as a local health authority, take over extended duties in respect of nursing as from the appointed day next year in that we become responsible for the provision of general nursing. With an adequate supply of nurses available this would be easy.

Under existing circumstances I do not view this new responsibility with any great enthusiasm. The analogy of the children of Israel during their sojourn in the land of Egypt when they were required to make bricks without straw is something comparable to that of a modern Local Health Authority being required to maintain an adequate nursing service. Nevertheless, we have been fortunate in that the County Nursing Association with its 58 affiliated Associations and the non-affiliated Associations—Workington, Penrith

and Alston—have almost unanimously agreed to carry on for a limited period in the first instance as the agents of the County Council in this important matter. Without the co-operation, wealth of experience and material assets in the shape of houses, motor cars and equipment of these Associations, the task under existing circumstances would have been well-nigh impossible. The target is the continuation of the existing nursing services which have been maintained by the Nursing Associations at a high level and, where possible, their improvement.

Improvement, as I see it, will follow certain definite lines :—

1. The provision of more nurses to be distributed all over the County at selected key points for relief duties, so that emergencies, when nurses fall sick or otherwise are off duty, will no longer arise.
2. The provision of additional motor cars and telephones.
3. Possibly the introduction of a policy for the employment of trained nurses only in this service, which may, perhaps, be setting rather too high an ideal.
4. The provision, either directly by the County Council as authorised in Circular 118/47 or by arrangement with local authorities, of houses wherever necessary for district nurses. The absence of an adequate supply of houses or of alternative accommodation for district nurses has proved one of the chief stumbling blocks to our maintaining our staff of nurses.
5. It will be possible with the resources of the County Council behind the Nursing Associations to improve the equipment available to the district nurses in the carrying out of their duties.

The circular, above referred to, envisages a new outlook on domiciliary nursing and the ideas outlined, so far as they are possible and practicable, will be incorporated in our proposals to the Ministry.

Clinics and Treatment Centres.

No new clinics have been opened during the year. Authority has now been granted to proceed with the building of a new clinic at Egremont which is long overdue as the present clinic is no credit to anyone. Quite extensive alterations are also pending at the Frizington clinic to provide better facilities for dental treatment and in certain other

directions. Our biggest problem lies in Whitehaven where we have three clinics, one in Kells which calls for no comment, and two in the centre of the town about 150 yards apart, neither of which is adequate or satisfactory for our present needs, and still less adequate for future developments. The clinic in Sandhills Lane particularly, which is a transferred building, is in poor shape inside and out, both as regards the building itself, and the furnishings and equipment. We are on the lookout for larger premises in which all the clinic services could be concentrated, which would be to the great advantage of patients and staff alike.

Hospitals.

Reference is made elsewhere in this Report to the opening of the new Maternity Home at Penrith.

With regard to the voluntary hospitals in the geographical county, it is clear that in a number of directions there is a desire for development, either of an emergency or permanent nature, to meet expanding needs. Naturally the chief of these proposals have concentrated round the Cumberland Infirmary. Here, proposed developments fall into two sections—one concerning the buildings of the Cumberland Infirmary itself, and one concerning the Silloth Convalescent Home. The proposals at the Infirmary are to provide emergency accommodation for both patients and staff especially in the direction of additional beds for surgical and gynaecological cases, and for children, and also to provide beds and space for a cancer block in which deep X-ray therapy might be provided.

The arrangement with regard to the Convalescent Home at Silloth, which has been agreed between the Infirmary and the Management Committee of the Home, provides that for a period of years the beds at the Convalescent Home will be wholly available for the continued treatment of Infirmary patients who have reached the convalescent stage. Such a development—which means the conversion of the Convalescent Home into a Convalescent Hospital—will be of immense advantage to the Infirmary, and will be equivalent to the addition of some fifty beds, which should go a long way towards relieving the grievous burden of the waiting list, which now exceeds one thousand cases, the majority being surgical and gynaecological. This proposal to convert Silloth Convalescent Home into a Convalescent Hospital for the whole area was also made in the Hospital Survey Report which was issued in August.

I think perhaps some reference to this Hospital Survey may be justified. It was, of course, purely local and followed on the Regional survey by officers appointed by the Ministry of Health. The report which arose out of this survey outlined a future hospital policy for the area which may, we hope, form the basis of future development under the new regime. I think it is fair to express the hope that as we have got down quickly to this matter in this particular area, we may expect some priority of development over other areas which have not yet prepared their schemes. It is also right, I think, to comment on the fact that, while our proposals for a hospital region embracing Cumberland, Westmorland and the South of Scotland, which I still think was essentially sound in its conception, were not approved, nevertheless it has been decided by the Ministry that Cumberland (with North Westmorland) shall have its own Regional or Area Committee with a high degree of local autonomy under the general supervision of the Regional Hospital Board at Newcastle.

It is, of course, of the first importance to the area that the Specialist staff of the Cumberland Infirmary, as the base hospital, should be maintained at a high level and should expand by the opening of new departments and in other ways. As has been noted elsewhere, an Orthopaedic Surgeon has been appointed who will take up his duties later in the year, and in addition the staff has been strengthened by the appointment of a Medical Registrar and an assistant Gynaecologist.

Apart from the Cumberland Infirmary, several other voluntary hospitals have in recent months propounded schemes of development and improvement. These have, in the main, taken the form of additional maternity bed accommodation. At the moment none of these proposals have got beyond the stage of proposals, and it is impossible to anticipate what may happen in connection with any of these schemes.

Steps were taken by the Committee of Management of Blencathra Sanatorium to transfer, with the approval of the Charity Commissioners, the Institution to the local authorities, that is the County Council and the County Borough Council of Carlisle. By arrangement between these two authorities the property and administration of the Institution were to be vested in the County Council. No date for the transfer has yet been fixed, and indeed it is clear that the administration of this Institution by the County Council can only be for a period of months before the Regional Hospital Board takes over. Nevertheless very substantial schemes of

improvement have been prepared and some of these have been approved, and while the situation at the moment is extremely complicated, at least we do know what steps are necessary to bring this Institution up to something approaching modern standards.

THE PUBLIC ASSISTANCE MEDICAL SERVICE.

(A) INSTITUTIONAL SERVICE.

There are in the County of Cumberland the following Institutions and Homes, maintained under the provisions of the Poor Law Act, 1930.

(i) General Institutions :

Station View House, Penrith.
Highfield House, Wigton.
Meadow View House, Whitehaven.

(ii) Children's Homes :

Englethwaite Boys' Home, Armathwaite.
Lark Hall Girls' Home, Penrith.

During the twelve months ended 31st December, 1946, the normal admissions of the three general Institutions under the Poor Law Code were 1,025, discharges 918, deaths, 139, with 23 live births occurring in Meadow View House, Whitehaven.

Maintained in Station View House, Penrith ; Highfield House, Wigton ; and Meadow View House, Whitehaven, were 3 ; 1 and 6 persons, respectively, detained therein under section 24 of the Lunacy Act, 1890.

Progress in the modernisation of general institutions to give better social facilities and amenities was considerably restricted during the war years, and many schemes of improvement such as the building of a new hospital block at Wigton, a nurses' home at Whitehaven, and the complete modernisation of the house part of the Penrith Institution had to be temporarily abandoned. Even so, and within the limits of the existing buildings, many beneficial improvements within the Institutions were introduced during those years. It has, however, for some time been felt that what is required is some alternative to the General Public Assistance Institution. Weight was given to this view by war-time experience in the care of bombed-out and evacuated persons, and by the Minister of Health in a recent circular, wherein it is said that the final plan to round off the social service provision would

have an important bearing on the many and increasingly urgent problems of providing adequately for the well-being of old people in their widely differing circumstances and needs. The Public Assistance Committee is fully alive to this problem which will be tackled as soon the schemes (now in hand) for the residential care of children are fully under way.

The ultimate objective is the establishment of Eventide Homes for aged persons throughout the County which, eventually, will mean that Public Assistance Institutions on their present basis will disappear.

Since the last Annual Report was issued some important new developments contemplated over a number of years, and deferred owing to the War *but approved before the publication of the "Curtis" Report*, have been in hand, and of these some have now reached the stage of completion and some are approaching this stage. The most important of these are the opening of the residential Nursery at Penrith for children up to 5 years of age, the opening of Scotby House as a Girls Home for girls between the ages of 5 and 15, and the impending opening of Orton Park as a short term Children's Home. The object of this last mentioned Home is primarily to relieve mothers of the anxiety of looking after their children while they are in hospital for confinement or other purposes, or in the event of sickness in the home or other conditions for which temporary help is required. Finally, there is the conversion of Larkhall Girls' Home into a Receiving Home for children up to the age of 15.

With the completion of these schemes, which will be done during the coming year, the admission of children in future to Public Assistance Institutions will become a thing of the past.

The care and treatment of the chronic sick has proceeded satisfactorily, notwithstanding the occasional staffing difficulties. Under Part II. of the National Health Service Act, it will be a duty of the Minister of Health to provide :—

(a) Hospital accommodation.

(b) Medical and nursing and other services in hospital, health centres, clinics and the homes of patients.

These services will be organized regionally by Hospital Boards, constituted by the Minister of Health. Discussions between representatives of the Ministry of Health and the Council's officials will presumably be initiated in the near future as to the future hospital service for the chronic sick and as to what extent existing accommodation and facilities will be used or taken over by the Regional Hospital Board.

The question of the rehabilitation of chronic sick patients in Public Assistance Homes and sick wards is at present under investigation.

(B) DOMICILIARY MEDICAL RELIEF SCHEME.

The Open or Free choice system of medical attention for the Sick Poor has now operated in the major part of the administrative County since the 1st October, 1937, and the records of cases treated under the Scheme have been systematically examined from time to time.

The Scheme has now been brought into line with the financial years ending in March, and the following statistics relating to the year ended March 31st, 1947, show :—

- (a) the number of cases receiving treatment in each quarter ;
- (b) the number of visits paid by practitioners to the homes of patients ;
- (c) the number of patients who consulted practitioners at their surgeries ;
- (d) the number of bottles of medicine dispensed.

<i>Quarter Ended.</i>	<i>No. of Cases.</i>	<i>Home Visits.</i>	<i>Attendances at Surgery.</i>	<i>Medicines Issued.</i>
30 /6 /46	950	4366	1151	5514
30 /9 /46	974	4003	879	5071
31 /12 /46	1064	4331	996	5571
31 /3 /47	1085	4947	892	5620
	4073	17647	3918	21776

Of 2535 persons included in the Permanent Medical Relief List, 1275 actually received Medical Relief during the financial year ended 31st March, 1947.

The Open Choice System has continued to work smoothly and satisfactorily to the patients, the practitioners, and the Social Welfare Committee.

At the end of each quarter the whole of the medical record cards returned by the Contracting Medical Practitioners are systematically examined, points borne in mind being, for example :—

- (a) Cases where over-visiting might be apparent ;
- (b) cases where there might appear to be insufficient visiting or inadequate treatment ;
- (c) cases where the County Medical Services might have been indicated and employed, e.g., cancer, crippling, prevention of blindness, tuberculosis.

As the result of the examination of the record cards for the year ended 31st March, 1947, we have found that on the information supplied treatment appears to have been satisfactory. The records have been generally well kept and the scheme appears to be working efficiently. During the 12 months there has been no evidence of over-visiting having regard to the nature of the cases involved.

Medicines.

In the districts where the Open or Free choice system is in operation, Contracting Practitioners, under the terms of the Scheme, dispensed medicines, but in one district, i.e., Maryport, where there is a specially appointed part-time practitioner, prescriptions are issued by him on local chemists, which, after being dispensed, are periodically referred to the Pricing Bureau, payment being made to Contracting Chemists on the basis of the Bureau's final certificates.

Panel of Contracting Practitioners.

There are now 65 Medical Practitioners contracting under the Scheme incorporating 48 separate practices. Included in these are 2 Carlisle Medical Practitioners who agreed to enter the Scheme in order to deal with cases in areas adjacent to Carlisle.

Special Drugs, Medicines, &c.

Cases requiring the above continue to be referred for approval, and during the year in question 382 orders and repeat orders were issued at a cost of £571 8s. 10d.

MENTAL DEFICIENCY.

This service will shortly assume a new importance to County Councils as the Local Health Authorities under the National Health Service Act, because from the "appointed" day the duty of domiciliary supervision of mental defectives (except those on licence) is transferred to the Local Health Authority. The following extracts from the Annual Report of the Joint Committee for the Mentally Defective, for which I am again indebted to the Clerk to the Joint Committee, are therefore of special interest:—

" Institutional Treatment.

On the 31st December, 1946, there were 452 patients chargeable to the Joint Committee in Institutions or under Licence therefrom as compared with 457 on the 31st December, 1945.

The table below shows the residential distribution :

				<i>Males.</i>		<i>Females.</i>		<i>Totals.</i>
Cumberland	..	..	..	131	..	143	..	274
Westmorland	..	..	..	48	..	46	..	94
Carlisle	..	..	..	41	..	43	..	84
				<hr/>		<hr/>		<hr/>
				220	..	232	..	452
				<hr/>		<hr/>		<hr/>

The following statement shows the numbers accommodated in the various Institutions at the end of 1946.

Dovenby Hall Colony	..	..	..	..	296
Milnthorpe Institution	..	..	..	..	82
Royal Albert Institution	..	..	..	..	22
Rampton State Institution	..	..	..	..	9
Durran Hill House	..	..	..	..	11
Totterdown Hall Colony	..	..	..	..	9
Lisieux Hall..	..	..	..	..	6
St. Mary's Home, Alton	..	..	..	..	6
Other Institutions	..	..	..	..	11
					<hr/>
					452
					<hr/>

Guardianship.

" At the end of 1946 there were 94 patients under Guardianship Orders (including 5 patients on licence therefrom) as compared with 95 patients at the beginning of the year. The difference of one is explained by the following movements. Whilst there were ten admissions, there were eleven patients who left Guardianship; one was discharged from Order, four were transferred to Certified Institutions, three are now in the Cumberland and Westmorland Institutions and three have died. The distribution was as follows :—

Cumberland	..	..	..	..	..	67
Westmorland	..	..	..	..	..	18
Carlisle	..	..	..	..	..	9
						<hr/>
						94
						<hr/>

Statutory Supervision.

" On the 31st December, 1946, the number of cases under Statutory Supervision, i.e., 348, was exactly the same as that at the beginning of the year. This is accounted for by the fact that, whilst there were ten cases dealt with by way of Statutory Supervision during 1946,

an identical number of cases previously under Statutory Supervision were admitted into Institutions or into Guardianship. The distribution is now as follows :—

Cumberland	..	..	..	..	..	166
Westmorland	..	..	..	..	..	48
Carlisle	..	..	..	..	..	134
						<hr/> 348 <hr/>

Licence.

“ During 1946 eleven patients went off licence. As many as seven of these were discharged from Order, five of them on the recommendation of the Joint Committee. The majority of the remaining patients on licence continue to do well and only three patients were returned to Institutional care. One patient died whilst on licence from Dovenby to his home.

The following statistical record reveals a net increase of one in the number of patients on licence at the end of the year :—

On Licence at 31/12/45	..	..	..	..	44
Returned, discharged or died	..	..	..	..	11
					<hr/> 33
New Licences granted during 1946	..	..	..	..	12
					<hr/> 45 <hr/>

Institutional Accommodation.

“ The dearth of accommodation, steadily becoming more acute during the war years owing to the restriction on building, has now reached a point where it is only possible to admit patients to vacancies arising from deaths, discharges or transfers. This situation has been long foreseen and it was with a sense of frustration that we realised our inability to remedy the accumulating difficulties. It has been sad to have to inform anxious parents and relatives that it must necessarily be some considerable time before we can meet our obligations towards those for whom they seek to secure treatment. We can no longer, except in very rare cases, supplement our shortage of beds at Dovenby by finding vacancies elsewhere.

Dovenby Colony.

"The plans for the addition of further Colony buildings and services have been carried a step further by the adoption of an agreed scheme and the appointment of Messrs. Sheppard and Partners, F.R.I.B.A., as architects to carry out the work. Unfortunately the present restrictions upon building limit the immediate programme to the provision of houses for the low grade patients and the erection of staff quarters. While, from one point of view, the priority granted to low grade patients is justifiable, we must point out that the high grade anti-social defectives often constitute a greater potential danger to their families and the community in general.

"It has been decided to appoint at an early date a Medical Superintendent in charge of the Colony, and it will be part of his duties to pay visits to Milnthorpe Institution and to advise upon the classification and treatment of the patients there. He will also be available to examine border-line cases notified to this Committee's officers and to act generally as Psychiatric Adviser to the Committee.

"The difficulty of obtaining adequate trained staff for the Colony has persisted and indeed increased during 1946. Some relief has recently been obtained by the employment of part-time nurses."

MATERNITY AND CHILD WELFARE.

Maternal Mortality.

Maternal deaths for 1946 were 6. The maternal death-rate per 1,000 births was therefore 1.4 against 2.9 for the previous year.

The mortality figures for the immediately preceding years were as under :—

1941—	9	deaths	equal	to	a	rate	of	2.5	per	1,000	births.
1942—	5		"	"		1.4		"			
1943—	10		"	"		2.7		"			
1944—	6		"	"		1.5		"			
1945—	10		"	"		2.9		"			
1946—	6		"	"		1.4		"			

The 6 deaths which occurred in 1946 are divided as follows :—

Puerperal Sepsis	2
Other Puerperal Causes	4

These figures show County rates for puerperal sepsis of .49 and for other causes of .9.

The distribution of deaths by areas is shown in the table below :—

	<i>Puerperal Sepsis.</i>	<i>Other Puerperal Causes.</i>
Workington Borough	—	2
Cockermouth R.D.	1	—
Ennerdale R.D.	—	2
Wigton R.D.	1	—

Among the deaths classified as “ other puerperal causes ” the death certificates show the causes of death to be as under :

1. Post-partum Eclampsia.
2. Died as a result of an illegal operation (incomplete abortion).
(Manslaughter by some person unknown).
3. Obstetric Shock—Post-partum haemorrhage : Forceps delivery
(contracted pelvis).
4. Uraemia—chronic Nephritis—Nephritis following eclampsia—
(induction of abortion).

The work of the ante-natal scheme during the year is shown in the following tables :—

Examined at Practitioners' Surgeries	975
Examined at Home	1026
	<hr/> 2001

Findings at Examinations :—

Normal	1715
Abnormal	286
Number of Further Examinations	1520

Recommended for Hospital :—

On account of Home conditions	517
On account of Patient's condition	44
Recommended to have doctor at confinement	7
Specialist opinion recommended	82
Dental treatment recommended	92

The above figures show a very substantial rise in the number of ante-natal examinations—a total of 3,521 compared with 2,576 in the previous year.

SUMMARY OF ABNORMALITIES FOUND ON ANTE-NATAL EXAMINATION :—

Anæmia and General Debility	..	..	..	..	8
Albuminuria and Oedema	..	..	..	..	24
Varicose Veins	..	..	..	..	25
Vaginal Discharge	..	..	..	..	15
Malpresentation	..	..	..	..	13
Heart Condition	..	..	..	..	7
Hydramnios	..	..	..	..	4
Contracted Pelvis	..	..	..	..	43
Hæmorrhage	..	..	..	..	10
Hyperemesis Gravidarum	..	..	..	..	2
Glycosuria	..	..	..	..	1
Tuberculosis	..	..	..	..	6
History of Difficult Labours	..	..	..	..	2
Raised Blood Pressure	..	..	..	..	13
Head not engaged	..	..	..	..	3
Dental	..	..	..	..	92
Other Abnormalities—unsatisfactory general health	..				18

286

It is satisfactory to note that, in spite of the greatly increased number of examinations, there was an appreciable fall in the total of abnormalities found on examination.

Dealing with abnormalities found on ante-natal examination, it may be worth while recording that in 218 cases Wasserman reactions were made on expectant mothers, and of this total three were found to be positive.

This line of investigation is only at present on an experimental basis in this County, and is chiefly confined to one area.

ADMISSIONS TO HOSPITAL.

There were 549 maternity cases admitted to hospital for confinement under the County Council Scheme.

This shows a slight increase over 1945, but if one remembers that Gilsland Emergency Hospital was closed towards the latter end of 1945 it really means that a substantial increase is shown in the number of cases confined in local hospitals. How this has been attained in spite of nursing staff difficulties is a matter for some wonder and certainly a matter for congratulation and thanks to the staffs, and especially the midwives of the hospitals concerned who have frequently been heavily overtaxed. Some hospitals, particularly the Workington Infirmary and the Maryport

Cottage Hospital, have been exceptionally hard-pressed, and there was, I understand, a fear at one time that either, or both of these maternity units might have to close.

On August 1st the newly established County Maternity Home at Penrith was opened for the reception of patients. The total number of women admitted to the end of the year was 54. This was frankly disappointing, of course, because although the unit is small, 12 beds only, it had been submitted by those representing the Penrith Urban and Rural districts and North Westmorland, that there was urgent need for a Maternity Home in the district, and every reason to believe that the services of a Home would be fully utilised.

This unsatisfactory use of the Home has continued well into 1947 but at the time of writing there are some indications that an increased use of the Home may be expected in the future.

Various reasons have been advanced to explain the curious and unexpected situation that in these days, a modern well appointed, and fully staffed Maternity Home, could be for some months more than half empty.

I do not think that the reasons referred to are of very much substance. The Home has been established on the most modern lines, with first class equipment, and has been fully staffed from the outset.

There is no red tape whatsoever about admissions other than that only normal cases are admitted, and formalities such as the completion of forms are reduced to an absolute minimum.

The costs for the various groups of patients are reasonable, and the County Council scale of assessments in cases where patients are unable to pay the full cost, are so generous to the patient, that no possible question of financial hardship arises. I suppose that it is really only a question of teething troubles, and I have little doubt that, before long, this Home will be working to capacity.

My only regret is that, after so much time and trouble and money has been expended on the establishment of this unit, it has to pass so soon into other hands.

Admissions to hospital were for the following reasons :

Normal cases	..	..	..	..	..	..	329
Albuminuria	..	..	..	..	..	..	12
Contracted pelvis	..	..	..	..	..	..	11
Bad previous history	..	..	..	..	..	..	18
Raised blood pressure	..	..	..	..	..	..	13
Eclampsia	..	..	..	..	..	..	18

Cæsarean section	6
Hyperemesis Gravidarum	4
Glycosuria	3
Malpresentation	13
Abortion	38
Phlebitis	4
Varicose veins	2
Hæmorrhage	26
Anaemia	1
Heart condition	5
Pyelitis	3
Delayed labour	12
Hydramnios	1
Other causes	30
	<hr/>
	549
	<hr/>

The above cases were admitted to the following hospitals, and for comparison figures for the two previous years are given.

	1944	1945.	1946.
Whitehaven & West Cumberland			
Hospital	72	112	122
Workington Infirmary	24	51	28
Victoria Cottage Hospital,			
Maryport	131	105	98
Carlisle City General Hospital	244	171	243
Alston Cottage Hospital	1	1	—
Brampton Cottage Hospital	5	2	4
Gilsland Maternity Hospital	112	83	—
County Maternity Home,			
Penrith	—	—	54
	<hr/>	<hr/>	<hr/>
	589	525	549
	<hr/>	<hr/>	<hr/>

In addition 20 cases were admitted to St. Monica's Home, Kendal.

Thirty-three cases of pyrexia, puerperal sepsis, or septic abortion, were admitted to the Carlisle Infectious Diseases Hospital.

Emergency admissions to hospital amounted to 192.

Twenty-three confinements took place in the maternity ward of the Public Assistance Institution at Whitehaven.

The number of visits paid during the year by Health Visitors, County Council Midwives and District Nurses, to expectant mothers, amounted to 17,239.

These figures exclude Workington (2,481), Alston (122), and midwives practising independently (642).

Infantile Mortality.

This question has been dealt with in the first section of this report.

Health Visiting.

The relevant figures are :—

Visits by Health Visitors and District Nurses :—

Children under one year of age	..	..	..	29,396
Children between 1 and 5	..	..	..	26,584

Maternity and Child Welfare Clinics :—

Children under one year of age who attended	..	1,090
Children between 1 and 5 who attended	..	1,147
Total attendances	..	9,936

Defects under 5 years of age treated :—

Dental defects	..	..	..	..	..	63
Eye defects	..	..	..	..	..	52
Ear, Nose and Throat defects..	..	..	..	..	..	97

(For Orthopædic treatment see pages 34 to 37).

At the Penrith Voluntary Maternity and Child Welfare Clinic 264 children attended, making 1,750 attendances. At Cockermouth 41 attended, making 210 attendances. This Voluntary Clinic was closed at the end of the year and an official Child Welfare Clinic was established in this Urban District.

Maternity and Nursing Homes.

There are no changes to record affecting private Maternity and Nursing Homes during the year.

Puerperal Pyrexia.

During the year 24 cases were notified, compared with 22 for the previous year. Of these, 4 were admitted to the puerperal sepsis block at Crozier Lodge. The remainder of the admissions to Crozier Lodge, noted overleaf, were transfers from the City General Hospital, or were non-notifiable septic abortions.

Public Health Act, 1936, Sections 206-220.

The usual work of supervision and visitation of boarded-out children has been carried out in accordance with the terms of the above Act by Health Visitors who are designated and approved as Child Protection Visitors, and as Visitors under the Adoption of Children Act, 1939.

As was noted last year the number of children boarded-out for reward is decreasing, at least in this County, and the numbers are only a fraction of what they were some years ago.

The suggested reason is that the payment made by the mother to the foster-mother is at to-day's value insufficient to make the situation attractive to any potential foster-mother. As I said last year, I think too that the custom of allowing unmarried mothers in domestic service to take their children with them is on the increase. A few years ago such a suggestion would have been unthinkable but to-day it is quite a common practice.

The work of supervision of these children boarded-out for reward which, of course, is now very small but which may again increase, will continue to be undertaken by this department, although the whole question of the care of children in this County will be co-ordinated by the newly appointed Children's Committee.

REPORT ON VISITATION OF CHILDREN FOR THE YEAR ENDED 31st DECEMBER, 1946.

	<i>Legit.</i>		<i>Illeg.</i>		<i>Total</i>	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
A. No. of Children under supervision on 1st January, 1946	2	—	5	3	7	3
B. No. brought under supervision during year ended 31st December, 1946	—	—	2	5	2	5
C. No. removed from Register during the year ended 31st December, 1946	1	—	3	2	4	2
D. No. remaining under supervision as at 1st January, 1947	1	—	4	6	5	6
E. Total No. of 1st Visits to Homes by Health Visitors ..						7
" .. Re-visits						106
" .. of Children concerned						17

Illegitimate Children.

Arising out of Circular 2866 a particularly close supervision has continued to be kept on as many illegitimate children as could be traced. Each illegitimate child in the County of which we are aware, is specially visited four times a year and very careful investigations are made into all the circumstances. A very full analysis of the position was given last year and it does not seem to be necessary to repeat this. One may sum up the position by saying that out of 149 cases which it was possible specially to investigate, the health visitor reported that the health and well-being of the child were satisfactory in 142 cases, and only in 7 cases was there any question that there was anything unsatisfactory affecting the well-being of the child.

I made a reference last year to the remarkably low

mortality rate among the illegitimate children. This year out of 233 illegitimate births only 4 deaths occurred—two prior to the investigation and two during investigation.

This represents, of course, an extraordinary low infantile mortality rate and it almost seems as if the illegitimate child has a better chance of surviving, curious though that would seem.

Midwives.

During the year 119 midwives notified their intention to practise. These notifications included 74 midwives employed by Nursing Associations. The remainder were midwives employed by the County Council, independent midwives, holiday and emergency midwives and midwives in hospital. The actual number of midwives undertaking domiciliary midwifery at the end of the year was 78.

As has been stated previously the midwifery position as regards maintaining an effective staff of midwives caused continuous anxiety during the year, both as regards the County Council staff and as regards Nursing Associations.

At the time of writing the position is that we are short of 5 midwives for the domiciliary midwifery service, and there are certain other impending vacancies which there is but scanty hope of our being able to fill.

One midwife was suspended from duty on account of a carrier condition.

Routine midwifery inspections paid during the year amounted to 114. In addition 99 other visits were paid by the Supervisor of Midwives or the Assistant Supervisor, in connection with puerperal pyrexia and other matters.

The domiciliary midwifery cases attended by midwives amounted to 1,646, of which 228 were in the Borough of Workington, and the remaining 1,418 in other parts of the administrative County.

Medical help was summoned on 880 occasions.

FOR THE MOTHER.			District Nurse Midwives	Indepen- dent Midwives	Municipal Midwives	Unaffila- ted Midwives	Total		
<u>Pregnancy.</u>									
Abortions .. ..	..	..	36	—	18	—	..	54	
Albuminuria.. ..	..	..	5	—	11	—	..	16	
Oedema .. ..	..	..	5	—	4	—	..	9	
Varicose Veins .. ..	..	..	—	—	2	—	..	2	
Sickness .. ..	..	..	4	—	—	—	..	4	
Post Maturity .. ..	..	..	1	—	6	—	..	7	
Unsatisfactory Conditions..	..	..	14	—	27	—	..	41	
Eclampsia .. ..	..	..	1	—	2	—	..	3	
Placenta prævia .. ..	..	..	—	—	1	—	..	1	
<u>Labour.</u>									
Premature Birth .. ..	..	..	8	—	6	—	..	14	
Prolapsed Cord .. ..	..	..	2	—	4	—	..	6	
Delayed Labour .. ..	..	..	118	4	51	1	..	174	
Ruptured Perineum ..	..	..	125	3	99	—	..	227	
Contracted Pelvis .. ..	..	..	1	—	3	—	..	4	
Ante-Partum Haemorrhage	..	..	26	3	5	—	..	34	
Retained Placenta .. ..	..	..	3	—	2	—	..	5	
Breech Presentation ..	..	..	3	3	12	—	..	18	
Breast conditions .. ..	..	..	3	—	2	—	..	5	
Early rupture of membranes	..	..	5	—	1	—	..	6	
Phlebitis .. ..	..	..	4	—	1	—	..	5	
Other conditions .. ..	..	..	59	1	25	2	..	87	
<u>Lying-in.</u>									
High Temperature .. ..	..	..	17	—	6	—	..	23	
Post-partum Haemorrhage	..	..	7	—	4	—	..	11	
<u>For the Baby.</u>									
Feebleness .. ..	..	..	7	1	3	—	..	11	
Discharging Eyes .. ..	..	..	20	—	11	1	..	32	
Premature .. ..	..	..	9	—	5	—	..	14	
Deformities .. ..	..	..	3	—	2	—	..	5	
Unsatisfactory Conditions	..	..	6	4	10	—	..	20	
Jaundice .. ..	..	..	2	—	—	—	..	2	
Phimosis .. ..	..	..	1	—	—	—	..	1	
Stillbirth .. ..	..	..	2	—	—	—	..	2	
Haemorrhage .. ..	..	..	1	—	—	—	..	1	
Spina bifida .. ..	..	..	—	—	1	—	..	1	
Sudden death .. ..	..	..	—	—	2	—	..	2	
Other conditions .. ..	..	..	19	—	14	—	..	33	
			517	19	340	4	..	880	

ABORTION.

The following table shows the distribution by areas of cases in which medical help was sent for on account of abortion. As usual Workington heads the list.

					1945.		1946.
Workington Borough	..	..	..	..	12	..	14
Whitehaven Borough	..	..	..	..	1	..	2
Cockermouth Urban	..	..	..	..	2	..	—
Penrith Urban	..	..	..	..	—	..	1
Border Rural	..	..	..	..	8	..	2
Cockermouth Rural	..	..	..	..	5	..	7
Ennerdale Rural	..	..	..	..	8	..	13
Millom Rural	..	..	..	..	—	..	1
Penrith Rural	..	..	..	..	1	..	2
Maryport Urban	..	..	..	..	3	..	4
Keswick Urban	..	..	..	..	1	..	1
Wigton Rural	..	..	..	..	3	..	6
Alston Rural	..	..	..	..	—	..	1
					<hr/> 44	..	<hr/> 54

ORTHOPAEDIC TREATMENT.

The chief recent development in the orthopaedic section has been the joint appointment with the Cumberland Infirmary and Carlisle of a part-time orthopaedic surgeon. He will take up his duties later in the year on release from service with the Royal Air Force. We welcome this appointment. It will obviously be a great advantage to have expert orthopaedic advice always available on the spot. While the orthopaedic surgeon will be in charge of our orthopaedic clinics and will normally deal with our orthopaedic problems, it will, I hope, still prove possible to maintain our close association with the Ethel Hedley Hospital, Windermere, to which we have been indebted for nearly a quarter of a century for a vast amount of assistance and help in dealing with our orthopaedic cases, and particularly with our cripple children. It would not be inappropriate here to record particularly our indebtedness to the Medical Superintendent (Miss Bucknell) for all the work she has done for us over many years.

The work of the Orthopaedic Section has continued on the usual lines. The usual tables follow and they show very small variation from the previous year. The number of cases dealt with is approximately the same and the proportion of cases of rickets and flat feet, both minor conditions, remains high.

During the year there were 310 cases of crippling conditions affecting children under five years of age. The following is a list of the conditions concerned :—

Rickets	..	..	..	..	..	..	..	111
Flat Foot	..	..	..	..	..	..	..	32
Congenital defects		..	..	..	..	..	..	23
Club Foot	..	..	..	..	..	..	..	9
Injuries	..	..	..	..	..	..	..	4
Infantile Paralysis	..	..	..	..	..	..	..	7
Torticollis	..	..	..	..	..	..	..	15
Hemiplegia	..	..	..	..	..	..	..	4
Congenital Dislocation of Hip	..	..	..	..	..	..	..	4
Tuberculosis	..	..	..	..	..	..	..	6
Birth Palsy	..	..	..	..	..	..	..	4
Lordosis	..	..	..	..	..	..	..	1
Osteomyelitis	..	..	..	..	..	..	..	1
Exostosis	..	..	..	..	..	..	..	1
Poor Posture	..	..	..	..	..	..	..	3
Hallux Valgus and Deformed Toes	..	..	..	..	..	..	..	15
Pathological Dislocation of the Hip	..	..	..	..	..	..	..	2
Other conditions	..	..	..	..	..	..	..	68
								<hr/> 310 <hr/>

Twenty-five children received hospital treatment during the year.

Forty-three children of school age were under treatment for tubercular conditions of the bones and joints. Of these, 10 were under treatment at the Ethel Hedley Hospital, the remainder being treated locally at the Orthopaedic Clinics, in plaster at home, or otherwise.

Adult cases of tuberculosis of the bones and joints under treatment amounted to 103 during the year, 15 being new cases. The following table shows the position in detail :—

					Adults.	School Children.	Children Under 5.
Spine .. .. .	..	..	..	..	49	11	1
Hip .. .. .	..	..	..	..	22	14	—
Knee .. .. .	..	..	..	..	12	8	—
Sacro-iliac Joint .. .. .	..	..	..	..	6	—	—
Feet .. .. .	..	..	..	..	1	1	—
Thigh .. .. .	..	..	..	..	1	—	—
Wrist .. .. .	..	..	..	..	1	—	—
Elbow .. .. .	..	..	..	..	2	—	—
Shoulder .. .. .	..	..	..	..	3	1	1
Ankle .. .. .	..	..	..	..	4	4	1
Tibia .. .. .	..	..	..	..	—	2	1
Toe .. .. .	..	..	..	..	—	1	—
Finger .. .. .	..	..	..	..	2	—	—
Rib .. .. .	..	..	..	..	—	1	2
					103	43	6

Twenty of the above adult cases of tuberculosis received treatment at the Shropshire Orthopaedic Hospital.

Adult non-tubercular cases under treatment numbered 77. The following is a list of the conditions under treatment :

Infantile Paralysis.. .. .	..	..	..	..	..	13
Congenital Deformities .. .. .	..	..	..	..	..	2
Arthritis .. .. .	..	..	..	..	..	10
Artificial Limbs .. .. .	..	..	..	..	..	1
Scoliosis .. .. .	..	..	..	..	..	6
Pseudo-coxalgia .. .. .	..	..	..	..	..	1
Ankylosing Spondilitis .. .. .	..	..	..	..	..	1
Congenital Dislocation of Hip .. .. .	..	..	..	..	..	7
Osteochondritis .. .. .	..	..	..	..	..	4
Slipped Epiphysis .. .. .	..	..	..	..	..	3
Injuries .. .. .	..	..	..	..	..	2
Claw Feet .. .. .	..	..	..	..	..	2
Flat Foot .. .. .	..	..	..	..	..	1
Osteomyelitis .. .. .	..	..	..	..	..	3
Hemiplegia .. .. .	..	..	..	..	..	2
Hallux Valgus .. .. .	..	..	..	..	..	5
Other Conditions .. .. .	..	..	..	..	..	14
						77

The following tables, which, like the preceding ones, are supplementary to those appearing in the Annual Report on the School Medical Service, where the greater part of our orthopaedic treatment lies, show the extent of treatment provided. These figures include children under five from the Borough of Whitehaven, but not children in the same group in the Borough of Workington, which remains, for the present, a separate Maternity and Child Welfare Authority. During the year 54 cases from Workington were dealt with in the one to five year old group.

TABLE A.

Number on After-care Register, 1/1/46	..	..	428
New cases during 1946	..	..	179
Cases re-notified after discharge previously	..	..	6
Number removed from Register	..	..	151
Cases transferred to M.I. Section	..	..	23
Number remaining on Register on 31/12/46	..	..	439
Attendances at After-care Clinics	..	..	465
Seen by Consulting Surgeon (not included in above)	..	..	23
X-ray examinations during 1946	..	..	56

TABLE B.

Number of Attendances at After-care Sister's Clinics..	474
Home Visits	200
Plasters applied at Intermediate Clinics	105
Plasters applied at home	36
Appliances supplied and renewed	37
Surgical clogs and boots supplied	23

TABLE C.

Hospital Treatment.

<i>Name of Hospital.</i>	<i>In Hospital 1/1/46</i>	<i>Admitted during year</i>	<i>Discharged during year</i>	<i>In Hospital 31/12/46</i>
Ethel Hedley Hospital Windermere ..	13	12	12	13
Shropshire Orthopaedic Hospital, Oswestry ..	10	20	13	17

DENTAL SERVICES.

The statistics for the year are as under :—

<i>Service.</i>	<i>Cases brought forward from 1945.</i>	<i>Cases Referred in 1946.</i>	<i>Cases Treatment Cancelled. completed. forward to 1947.</i>
Ante-natal ..	66	110	71 .. 41 .. 65
Public Assistance ..	33	45	4 .. 32 .. 36
Tuberculosis ..	1	—	1 .. — .. —
Total ..	100	155	76 .. 73 .. 101

<i>Service.</i>		<i>Fillings.</i>	<i>Extractions</i>		<i>Anaesthetics.</i>			<i>Dentures</i>		
					<i>Local.</i>	<i>General</i>				
Ante-natal	..	17	..	504	..	133	..	—	..	39
Public Assistance		15	..	161	..	54	..	—	..	46
Tuberculosis	..	—	..	1	..	1	..	—	..	—
Total	..	32	..	666	..	188	..	—	..	85

Statistics for children under 5 are as under :—

Child Welfare.

Number treated	63
Number of cases completed	34
Number of attendances for treatment	76
Fillings	32
Extractions—(Permanent Teeth)	—
(Temporary Teeth)	59
Other Operations—(Permanent Teeth)	1
(Temporary Teeth)	27
Anaesthetics—Local	9
General	31

VENEREAL DISEASES.

I am indebted to Dr. McMurtrie (Assistant Medical Officer, Venereal Diseases) for the following report on this service for 1946 :—

“ The figures up to the end of 1946 showed a continued rise in the incidence of both syphilis and gonorrhoea. In certain quarters it was thought that the early release of penicillin in April, 1945, for the treatment of venereal diseases would rapidly eliminate syphilis and possibly gonorrhoea from the population. The results up to the end of 1946 were sadly disappointing. Without penicillin undoubtedly the situation would have been very much worse, and it is satisfactory to note that during 1947 the position appears to have materially changed for the better.

“ The following figures refer to all cases seen at the two treatment centres at the Cumberland Infirmary and the Whitehaven and West Cumberland Hospital, as well as those dealt with by Dr. Martin Edwards at Workington. Figures in brackets are those for the year 1945 for comparison. The following table shows the general position :—

	1945.	1946.
Syphilis (new cases, early stage)	79	92
Gonorrhoea (new cases, early stage)	192	242
Cases found not to have venereal disease	297	349
Congenital syphilis (new cases)	18	7
Total attendance	7736	7305

“ The above table calls for a few comments. None of the new cases of syphilis and gonorrhoea seen in the early stage have received treatment elsewhere prior to their first attendance. The decline in the total attendances is accounted for by the much more rapid cure of both syphilis and gonorr-

hoea in the first complete year of penicillin treatment. The attendance still remains greater than it was in 1943. It should be noted that the male attendance was 4,307 (3,901) and the female attendance 2,998 (3,835), an increase of 406 males and a decrease of 837 females. The increased male attendance naturally follows demobilization, but it is difficult to account for the decreased female attendance. It might be thought that there are now fewer infected women but this is not borne out by the numbers of new early female cases. The number for syphilis was 41 (41) and for gonorrhoea 60 (58). Fewer women were found to be non-venereal, 99 (139), which accounts to a small extent for the falling off in female attendances. It seems more likely that the return of the men from the war makes the women less inclined to continue their treatment at the Clinic.

PENCILLIN.

"The oil-wax preparation of penicillin has now been adopted as routine treatment for both syphilis and gonorrhoea, and the results are satisfactory. For convenience of administration there is no comparison with the older methods. It was used in the great majority of cases treated in 1946.

Eighty-four cases of syphilis received penicillin, 72 being treated as in-patients, the remainder in the out-patient clinic. Out-patient treatment was only adopted in exceptional cases when circumstances prevented admission to hospital, for example in the case of mothers unable to make arrangements for the care of the family or of men who feared losing their employment, etc. On the whole it is not satisfactory, regularity of attendance being essential for success and being seldom attained. The period of in-patient treatment has been reduced to five days, and the majority of patients can arrange for this.

Of the early cases of gonorrhoea 221 out of a total of 242 were treated with penicillin in the out-patient clinic. Most of those not so treated had been given one of the sulphonamide drugs before attending and were merely kept under observation to make certain that cure was complete. Occasional failures occurred (about 5%) and in these a second injection of double the dose was usually given and met with success. The one-injection method is now the routine practice and is given at the first attendance as soon as the diagnosis is confirmed microscopically. In this way special appointments and loss of a day's work are avoided, and no patient escapes treatment.

Other Drugs.

“ On account of the high incidence of relapse in syphilis when penicillin alone is given, a course of arsenic and bismuth was given in addition, to every patient. In early cases the duration of treatment is now about three months, with observation and tests for two years.

Sulphathiazole for gonorrhoea still has its use, sometimes because treatment with one of the sulphonamides has already been given, sometimes in cases of failure with penicillin and sometimes to prevent complications when local treatment has to be adopted.

The Wassermann Reaction.

“ The number of specimens of blood taken for this serum test has been increased enormously. In 1936 only 417 specimens were sent away, in 1945 there were 1,057, and 1946 1,215. This is partly due to the increased number of syphilis cases and partly because every case of gonorrhoea treated with penicillin requires at least two tests.

Defaulters.

“ Of all cases dealt with 23% ceased to attend before being discharged. This figure compares very unfavourably with 14% recorded in 1945. Actually the reason is that all cases of gonorrhoea are now kept under observation for six months after penicillin treatment, and only about half of them persevere long enough to be discharged. Of these the greater majority are undoubtedly cured.

Regulation 33B and Contact Tracing.

“ This war-time regulation remains in operation but is of little importance. The attendance of contacts at the clinics is fairly good, and in nearly all cases they attend at the request of the original patient. It is the usual practice to give the patient a card bearing on it the hours of attendance and this is handed to the contact. This is much more effective than any effort at compulsion. In other cases the Health Visitors and the Lady Almoner at the Cumberland Infirmary have done good work in tracing contacts and defaulters.

Only one case of gonorrhoea in Cumberland was notified twice, but the address was insufficient to trace the person involved. Consequently no action under Regulation 33B was taken during the year. Contacts notified once only were visited and if found were asked to attend for examination. One woman suspected of having syphilis was found to have

left the County and the Medical Officer of Health of the district where she resided was informed. Of eight cases of suspected gonorrhoea four were found, and one attended for treatment. Thus all the time spent on these 10 notified cases resulted in only one voluntarily attending the clinic.

The Treatment Centres.

1. The Cumberland Infirmary.

"The same hours and days for clinics were continued, there being six sessions per week, three for males and three for females. The attendance was the highest ever recorded in spite of the shorter treatment now being given for both syphilis and gonorrhoea.

The total attendance was 5,274, an increase of 93. This increase was entirely in male attendance, there being a falling off of 423 in female attendance.

The staff consists of Medical Officer, Sister, Nurse, Male Attendant, Clerk and Lady Almoner. Interior re-decoration of the premises has been carried out under the supervision of the County Architect, and the rooms are now bright, clean and pleasant to work in.

The two beds, male and female, continued in use throughout the year; 44 patients from the Carlisle centre and 26 from the Whitehaven centre being admitted.

2. Whitehaven and West Cumberland Hospital.

"As in past years there were two male sessions and one female per week. Dr. K. J. Thomson took charge of one of the male sessions and gave valuable assistance at the other sessions. Two patients were admitted to the Hospital, all others requiring hospital treatment being sent to the Cumberland Infirmary.

The total attendance was 1,821, a decrease of 483, both males and females showing a decline, especially females. Regularity of attendance has never been a feature of this centre, and this is probably due to the bad conditions under which the work has to be carried out. This result is disappointing because there were 15 more early cases of gonorrhoea and 13 more of early syphilis than in 1945. The construction of a new out-patient department at the hospital is now under consideration, and it is hoped that a more suitable and convenient V.D. Department may result

3. Workington.

" Dr. Martin Edwards continued to treat cases at his consulting room by arrangement with the County Council.

There were 210 attendances compared with 251 in the previous year. The cases dealt with were, for the most part, seamen of all nationalities. There were 6 new cases of early syphilis and 46 of gonorrhoea."

HOUSING.

Reference was made in the last Annual Report to the expiration of the Housing (Rural Workers) Acts, 1926 to 1938, on the 30th September, 1945. No work in the rehabilitation of houses for rural workers has, therefore, been undertaken during the year, so far as the County Council is concerned. In view of the great interest which has been taken in this County in the matter of reconditioning of rural houses over a period of many years, I feel that it will be useful to refer to the recommendations of the Central Housing Advisory Committee under the Chairmanship of the late Sir Arthur Hobhouse, concerning the reconditioning of rural houses, which are to be considered by the Government during the present session of Parliament.

Assuming approval of the recommendations, their implementation would require legislation, and it may, therefore, be some time before the present position, which I suppose may be regarded as a period of suspension, is altered.

The Central Housing Advisory Committee made recommendations, *inter alia*, on the following lines :—

- (1) That grant should be available in respect of all houses occupied or to be occupied by any person living in a rural area provided that his income is, in the opinion of the administering authority (to be operated initially by the authority which had operated the Acts in the past with powers of relinquishment to both County Councils and District Councils to enable any adjustments to be made which appear desirable) such that he would not ordinarily pay a rent in excess of that paid by rural workers in the district.
- (2) That in order to make full reconditioning practicable in every case, the grant should be two-thirds of the estimated cost of the work or a maximum of £300, whichever is the less.

- (3) That second reconditioning grants should be permitted to owners where partial reconditioning has taken place under the old Acts in order to bring houses up to the standard recommended in the Report, provided the original and second grant shall not together exceed £300.
- (4) That where grant is paid the property should be subject to conditions for 20 years.
- (5) That in order that the reconditioned house may be properly maintained, a duty should be placed upon the local authority to inspect each reconditioned house not less than once every five years. If it is found that the house is not being properly maintained, the grant should be re-paid in full with compound interest by the owner.

Other recommendations included in the Report deal with loans for reconditioning, the exclusion of unsuitable property from the benefits of any new Act which may be introduced by reason of environment or siting, standards to which reconditioned houses should conform, rent to be paid, penalties for breach of conditions, etc. It is also recommended that voluntary repayment should no longer be generally permitted, but to cover, exceptionally, the hard case, voluntary repayment should be allowed if approved by the administering authority, but should be made in full with compound interest.

WATER AND SEWERAGE SCHEMES.

(a) Water.

(1) MAJOR SCHEMES.

Two major water supply schemes, one for the south-western part (referred to in the Annual Report for the year 1945, page 38), and the other for the northern part of the County, call for special comment.

The scheme for the south-western part of the County will provide ample and pure supplies of water from Ennerdale Lake for Whitehaven Borough, Ennerdale Rural District and Millom Rural District, together with a special supply for industrial purposes for the new factory to be erected by Courtaulds Limited at Sellafield. Powers to carry out this scheme, which includes raising the level of Ennerdale Lake, and the taking of up to fourteen million gallons a day, have been acquired by the Whitehaven Corporation.

The other scheme which was recommended in the "Survey

of the Water Resources in the County of Cumberland " prepared by Messrs. Lapworth Partners, will supply the following districts :—

Border Rural District.
 Cockermouth Rural District.
 Penrith Rural District.
 Cockermouth Urban District.
 Maryport Urban District.
 Penrith Urban District.

The Councils of these districts, together with the County Council, will be constituted a Joint Water Board and will carry out and operate the proposed scheme under powers contained in a Bill which the County Council are promoting in the 1946/47 Session of Parliament. The Joint Board will supply water in bulk to the District Councils who will distribute the water as normal statutory water undertakers.

The scheme, which is designed to allow for considerable extension, if required, will supply in its first stage up to $5\frac{1}{2}$ million gallons a day from a reservoir with a storage capacity of approximately 440 million gallons. The reservoir will be formed by means of impounding the waters of the River Caldew some miles above Mosedale. After suitable treatment the water will be carried in trunk mains to distribution points in each district. As the bottom water level of the reservoir will be 1,050 ft. above sea level, adequate pressure will be available to supply many of the high-lying areas in northern Cumberland. For example, the main storage reservoir which is likely to be used by the Border Rural District in the Brampton areas will be at a site of 850 ft.

Recent analyses of the water confirm that it is of remarkable purity and quality.

It is estimated that this scheme will take from 3 to 5 years to complete.

(2) LOCAL SCHEMES.

In addition to the two major schemes outlined above, four schemes for the improvement of local water supplies have been submitted to the County Council during the year for their observations under the Rural Water Supplies and Sewerage Act, 1944. These were as under :—

Cockermouth U.D.C.	..	..	..	..	1
Border R.D.C.	..	..	..	..	1
Cockermouth R.D.C.	..	..	..	..	1
Penrith R.D.C.	..	..	..	..	1

Of the above schemes, the total estimated cost of which is approximately £72,000, three have been approved by the County Council and one is under consideration.

With regard to the seven water supply schemes brought forward from the previous year, and referred to on page 38 of the Annual Report for 1945, the total estimated cost being approximately £43,000, six have been approved by the County Council and one is under consideration.

In three cases the Minister of Health has undertaken to make to the District Councils concerned provisional grants under the Rural Water Supplies and Sewerage Act, 1944, to a total of £5,100, and the County Council have promised to make annual contributions equivalent to the grants made by the Minister. In the case of two schemes, one in the 1945 group, and one in the 1946 group, the Minister has intimated after considering the proposals that he is unable to make a grant towards the cost of the works in view of the small burden which would be placed upon the district rates. In the circumstances, therefore, the District Councils concerned were informed that the County Council would be unable to make a grant under the provisions of the above Act towards the cost of the proposed works.

(b) Sewerage.

There has been considerable activity in the preparation of schemes for sewerage and sewage disposal throughout the County. During the year the following sewerage and sewage disposal schemes have been submitted by Rural District Councils to the County Council for their observations in accordance with the Rural Water Supplies and Sewerage Act, 1944 :—

Border R.D.C.	..	4	
Cockermouth R.D.C.		4	
Ennerdale R.D.C.	..	2	(1 being a joint Sewerage and Water Scheme).
Millom R.D.C.	..	3	
Penrith R.D.C.	..	1	
Wigton R.D.C.	..	6	
		<hr/>	
		20	
		<hr/>	

Of the above schemes, eighteen have been approved by the County Council, and two are under consideration by the Sewerage and Water Supply Schemes Committee.

The estimated total cost of these schemes is £177,852.

With regard to the schemes approved by the County Council, the Minister of Health has provisionally undertaken to make a grant of £1,000 in connection with one scheme under the Rural Water Supplies and Sewerage Act, 1944, and the County Council, in accordance with their present policy, have promised to make to the District Council concerned annual contributions equivalent to the grant made by the Minister of Health. In the case of another scheme the Minister has intimated that he will make a grant of $33\frac{1}{3}\%$ under the Distribution of Industry Act, 1945.

With regard to the seventeen sewerage and sewage disposal schemes brought forward from the previous year, and referred to on page 38 of the Annual Report for 1945, the total estimated cost being approximately £135,000, eleven have been approved by the County Council. In regard to five of these schemes, the Minister of Health has undertaken to make grants to a total of £12,000 to the District Councils concerned, and the County Council have agreed to make annual contributions equivalent to the grants made by the Minister. In one case in this group also, the Minister has intimated that he will make a grant of $33\frac{1}{3}\%$ under the Distribution of Industry Act, 1945.

The remaining six of the seventeen schemes were referred back to the District Councils concerned with a recommendation that the proposals be revised, and of these, three have been re-submitted and approved.

INSPECTION AND SUPERVISION OF FOOD.

Foods other than Milk.

The report of the County Analyst is not included, as the report has already been circulated to the County Council.

Milk.

No date has yet been appointed on which the Food and Drugs (Milk and Dairies) Act, 1944, is to come into operation. It was anticipated that it would, in fact, become operative during 1947, but this does not now appear likely to be the case. For the present therefore, local authority services are carrying on.

A somewhat larger number of samples were taken under the Joint Scheme of the County Council and the Sanitary Authorities during the year. The total of these samples (including samples of pasteurised milk) was 2,444, showing an increase of some 300 samples on the previous year. In accordance with established practice, guinea pig inoculations were carried out in connection with all routine samples of ungraded milks and in about 50% of the samples of pasteurised milks, including pasteurised milk from school supplies, and, similarly, guinea pig inoculation tests were carried out in connection with designated milks on the system which has been in operation in the area for many years.

Milk and Dairies (Consolidation) Act, 1915.

Of the 2,392 samples taken during the year (excluding 52 samples of pasteurised milk), 1,245 were subjected to guinea pig inoculation. From these, seventeen positive reports, involving thirty-one herds, were received, so far as sampling within the County was concerned. In addition, one positive report involving one herd was received from an outside area. Arising out of these reports, investigation demonstrated seventeen cows with tuberculosis of the udder. In one case two affected cows were found in one herd. The source of infection was therefore traced in sixteen instances. In the remaining two, no source was traced. All of the cows found tuberculous were slaughtered and control samples removed suspicion from all the remaining herds involved. With regard to pasteurised milks inoculated for tubercle, no positive result was obtained, although it is perhaps worth noting that one sample of pasteurised milk has been found during 1947 to be positive for tubercle bacilli.

Milk Sampling.

As has been noted, 2,444 samples were taken during the year, including all grades of milk—designated, pasteurised and ungraded and including school supplies. Of these, eight had to be discarded—except for guinea pig inoculation—as they were either too old or age was unknown (on delivery at the Laboratory) for examination. The net figure of 2,436 samples included 546 ungraded supplies, and the results in respect of these are set out in the Table below :—

Sanitary Area.

TABLE I.

			<i>Satisfactory.</i>	<i>Unsatisfactory.</i>		<i>Total.</i>
RURAL.						
Alston	..	..	20	..	7	27
Border	..	..	71	..	46	117
Cockermouth	..	..	51	..	42	93
Ennerdale	..	..	6	..	6	12
Millom	..	..	55	..	71	126
Penrith	..	..	17	..	21	38
Wigton	..	..	22	..	21	43
URBAN.						
Cockermouth	..	..	3	..	—	3
Keswick	..	..	5	..	1	6
Maryport	..	..	14	..	4	18
Penrith	..	..	6	..	16	22
BOROUGHES.						
Workington	..	..	19	..	4	23
Whitehaven	..	..	10	..	8	18
			299	..	247	546

Comparison with last year's figures will show that there has been a very substantial improvement in the sampling results. On exactly the same total of samples of ungraded milks examined for cleanliness, there has been a rise in the satisfactory samples of 60 and a corresponding fall in the unsatisfactory samples. With regard to individual districts, there has been a substantial increase in the number of samples taken in the Border and Millom Rural Districts. In the Ennerdale Rural District the number of samples taken remains extremely low, being only twelve in the year as compared with 100 in 1944. The number of samples taken in the Penrith and Wigton Rural Districts is also much lower than for the previous year. There have also been some small reductions in the number of samples taken in the urban districts as a whole. Shortage of staff and new duties will no doubt account for certain of these decreases, and it has also to be remembered that the amount of sampling of graded milks has considerably increased, as has also the sampling in connection with applications for graded licences. This amounted to 233 samples during the year—as compared to 169 for the previous year—so that, generally speaking, what we have lost on the swings we have gained on the roundabouts, and we continue to be grateful to the Sanitary Inspectors for their valuable co-operation in spite of increasing calls on their services in other directions.

The above table, and indeed all the tables in this section of the report, call for two further comments. The first is that the sample, wherever it is taken, is allocated for results to the district where the milk was produced and the second is, that school milks taken in transit to or at the school, are not included in the tables but are included in the separate section headed "school milk supplies."

The following table shows the percentage of samples positive for tubercle in the past six years. The figure for 1946, while not quite so good as for 1945, which was a low record, is well below the average of the preceding years :—

TABLE II.

<i>Year.</i>	<i>Number submitted to the Biological Test.</i>				<i>Percentage Positive for Tubercle.</i>	
1941	1319	..	..	1.4%
1942	1332	..	..	1.7%
1943	1323	..	..	2.04%
1944	1273	..	..	1.6%
1945	1112	..	..	0.99%
1946	1245	..	..	1.3%

Milk (Special Designations) Regulations, 1936-46.

Following unsatisfactory milk sampling and other records, one licence was revoked during the year and one was suspended for some months, but re-issued after certain conditions had been complied with, and two producers were allowed to continue to hold their respective licences on certain conditions. At the end of the year, two licences were renewed for 1947 subject to two satisfactory samples being taken at the producer's expense. One of these was included in the two licences considered during the year and continued on conditions mentioned above.

In addition to the above, sixty-three letters were issued to producers of which seventeen required the production of two consecutive satisfactory samples as a condition of the continuation of the licences. Taken generally, these figures can be regarded as very satisfactory, bearing in mind the very careful investigation of sampling results and other relative information which is carried out periodically during the year.

During 1945 twenty licences were either revoked or the producers were refused renewal for the following year, and, therefore, it will be seen that the action which had to be taken on the sampling results was much less drastic in 1946 than for 1945, and probably much less drastic than in any previous year.

The staff of the Cumberland and Westmorland Farm School paid 44 advisory visits, including a number of repeat visits.

It is interesting to note that the number of producers licensed to produce tuberculin tested milk rose substantially from 229 in 1945 to 307 in 1946. It is interesting to look back and to recall that five years ago there were only 99 holders of T.T. licences in the County. Accredited producers naturally fell a little, but not to a corresponding extent. The number of Accredited producers in 1945 was 193, and 1946 was 169. In the main, this fall represents an upgrading of Accredited to T.T. Licences.

As has been noted earlier, 233 qualifying samples for graded licences were collected by the sanitary inspectors during the year for the areas concerned.

The amount of pasteurised milk consumed in the area is rapidly increasing and the year under review was the first in which any substantial amount of sampling of pasteurised milk was carried out, some 52 samples being taken. The results were unfortunately not as good as they might have been. Of the 52 samples, 27 were reported by the Pathologist as satisfactory and 25 as unsatisfactory.

School Milk Supplies.

During the year, 479 samples of school milk were examined for cleanliness. Of these, 316 were satisfactory and 163 were unsatisfactory. Of the 479 samples, guinea pig inoculation tests for tubercle were carried out in 306 instances, and of these, three were found to be positive for tubercle and were dealt with as recorded earlier. It is perhaps worth noting that in two of the three schools involved in positive samples for tubercle, pasteurised milk is now supplied.

Veterinary Inspection of Dairy Herds.

I am again indebted to Mr. Reid, Divisional Inspector of the Ministry of Agriculture for this area, for the following figures relative to the results of inspections of dairy herds, and also to the number of cattle which have been slaughtered under the Tuberculosis Order in the County during the year :—

No. of confirmed cases of tuberculosis	..	129
--	----	-----

Clinical Inspection of Dairy Herds.

<i>Class of Herd.</i>	<i>No. of Herd Inspections.</i>	<i>No. of Cattle Examined.</i>	<i>Number of Cattle dealt with under the Tuberculosis Order.</i>	
" Tuberculin Tested "	522	.. 28,932	..	Nil
" Accredited "	.. 388	.. 9,235	..	12
" Ungraded " ..	.. 1,468	.. 23,049	..	117

Tuberculin Testing of " Tuberculin Tested " Herds.

No. of cattle tested	..	..	..	32,505
No. of reactors found	..	..	..	242

STATEMENT SHOWING THE NUMBER OF TUBERCULIN TESTED LICENCES IN OPERATION IN EACH SANITARY DISTRICT AT THE END OF THE YEAR, 1946, WITH THE RESULTS OF MILK SAMPLING, AND CLINICAL EXAMINATIONS OF THE HERDS.

Sanitary District.	Licences in operation.	Samples taken.			Conditions other than Tuberculosis, found on Clinical Examination.
		Number taken.	Tuberculin Tested Standard.	Below Standard.	
RURAL					
Alston	7	28	25	3	—
Border	140	443	327	116	70
Cockermouth	28	121	88	33	3
Ennerdale	20	86	71	15	5
Millom	3	11	8	3	—
Penrith	52	162	115	47	7
Wigton	49	169	119	50	6
URBAN					
Cockermouth	1	2	2	—	—
Keswick	—	—	—	—	—
Maryport	—	—	—	—	—
Penrith	6	38	33	5	—
BOROUGHS					
Whitehaven	1	12	7	5	—
Workington	—	—	—	—	—
	307	1072	795	277	91

STATEMENT SHOWING THE NUMBER OF ACCREDITED LICENCES IN OPERATION AT THE END OF 1946, IN EACH SANITARY DISTRICT, WITH THE RESULTS OF MILK SAMPLING AND CLINICAL EXAMINATIONS OF THE HERDS.

Sanitary District.	Licences in Operation	Samples taken.				Cases of Tuberculosis Detected on Veterinary Examination or Reported.				OTHER CONDITIONS
		Number taken.	Accredi- ted Standard.	Below Standard	Tubercu- lous	T.B. Udder.	Emacia- tion.	Chronic Cough, &c.		
RURAL.										
Alston	— ..	— ..	— ..	— ..	— ..	—	—	—	—	—
Border	40 ..	148 ..	105 ..	43 ..	1 ..	3	1	1	25	25
Cockermouth	15 ..	92 ..	72 ..	20 ..	1 ..	1	—	—	7	7
Ennerdale	23 ..	80 ..	63 ..	17 ..	—	—	—	—	5	5
Millom	14 ..	42 ..	34 ..	8 ..	—	—	—	1	9	9
Penrith	16 ..	51 ..	36 ..	15 ..	—	—	—	1	1	1
Wigton	34 ..	140 ..	96 ..	44 ..	1 ..	2	—	1	18	18
URBAN.										
Cockermouth	1 ..	3 ..	3 ..	—	—	—	—	—	—	—
Keswick	1 ..	4 ..	3 ..	1 ..	—	—	—	—	—	—
Maryport	4 ..	15 ..	11 ..	4 ..	—	—	—	—	1	1
Penrith ..	— ..	— ..	— ..	— ..	— ..	—	—	—	—	—
BOROUGHS										
Whitehaven	15 ..	60 ..	52 ..	8 ..	—	—	—	1	3	3
Workington	6 ..	17 ..	14 ..	3 ..	—	—	—	—	3	3
	169 ..	652 ..	489 ..	163 ..	3 ..	6	1	5	72	72

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

During the year no major epidemic occurred. There was a substantial fall in the number of cases of scarlet fever and in the case of measles a fall from 2,937 to 591. There was a substantial increase in the number of cases of whooping cough but otherwise the incidence of the notifiable infectious diseases was little changed.

There were two cases of enteric fever. No case of typhus fever or smallpox occurred, although one or two cases of smallpox contacts had to be kept under observation.

With regard to diphtheria, the number of cases (73) was approximately the same as for 1945, and there were two deaths.

The percentage of immunised children in the County as estimated in the returns of the District Medical Officers of Health, is as follows :—

Children of school age 89%.

Children under school age 56%.

The number of children under school age who were immunised during the year was 3,022.

The figures of the commoner diseases are set out below and for comparison the figures of the previous years are also given :—

Scarlet Fever.

In 1941	there	were	153	cases	with	0	deaths
In 1942	„	„	257	„	„	0	deaths
In 1943	„	„	291	„	„	0	deaths
In 1944	„	„	324	„	„	1	death
In 1945	„	„	369	„	„	0	deaths
In 1946	„	„	152	„	„	0	deaths

Diphtheria.

In 1941	there	were	59	cases	with	5	deaths
In 1942	„	„	79	„	„	6	deaths
In 1943	„	„	77	„	„	7	deaths
In 1944	„	„	195	„	„	11	deaths
In 1945	„	„	69	„	„	2	deaths
In 1946	„	„	73	„	„	2	deaths

Enteric Fever.

In 1941	there were	24	cases with	1	death
In 1942	" "	6	" "	0	deaths
In 1943	" "	5	" "	1	death
In 1944	" "	2	" "	2	deaths
In 1945	" "	Nil	" "		
In 1946	" "	2	" "	1	death

Measles.

In 1941	there were	0	deaths
In 1942	" "	2	deaths
In 1943	" "	6	deaths
In 1944	" "	1	death
In 1945	" "	2	deaths
In 1946	" "	0	deaths

Whooping Cough.

In 1941	there were	11	deaths
In 1942	" "	6	deaths
In 1943	" "	5	deaths
In 1944	" "	3	deaths
In 1945	" "	5	deaths
In 1946	" "	4	deaths

Cerebro-Spinal Fever.

During the year the following notifications were received :—

Cockermouth Rural District	..	..	..	..	2
Workington Borough	..	..	..	..	3
Border Rural District	..	..	..	..	1
Ennerdale Rural District	..	..	..	..	3
Whitehaven Borough	..	..	..	..	2
Wigton Rural District	..	..	..	..	1
Millom Rural District	..	..	..	..	1
					<hr/>
					13
					<hr/>

Four deaths took place in the following districts :—

Ennerdale Rural District..	..	..	..	..	1
Workington Borough	..	..	..	..	2
Border Rural District	..	..	..	..	1

Non-Notifiable Disease.**Diarrhoea.**

In 1941	there were	15	deaths in children under 2 years				
In 1942	„ „	23	„ „ „ „				
In 1943	„ „	29	„ „ „ „				
In 1944	„ „	11	„ „ „ „				
In 1945	„ „	16	„ „ „ „				
In 1946	„ „	11	„ „ „ „				

The following table shows the notifications of the commoner infectious diseases by districts. The table is exclusive of notifications of puerperal pyrexia and of ophthalmia neonatorum which are dealt with elsewhere, and is also exclusive of cerebro-spinal fever, dealt with above.

NOTIFICATIONS OF CASES OF INFECTIOUS DISEASES IN THE COUNTY OF CUMBERLAND DURING THE YEAR 1946

DISTRICT	Scarlet Fever	Diphtheria	Pneumonia	Polio- myelitis	Ery- sipelas	Measles	Whooping Cough	Enteric Fever
URBAN DISTRICTS.								
Workington	14	7	14	1	10	158	61	1
Whitehaven	2	4	10	—	2	81	29	—
Cockermouth	5	2	—	—	1	1	—	—
Keswick	1	—	1	—	—	—	3	—
Maryport	28	—	1	—	—	106	25	1
Penrith	3	1	7	1	7	3	19	—
RURAL DISTRICTS.								
Alston	4	—	9	—	1	139	13	—
Border	16	17	14	—	4	50	34	—
Cockermouth	21	3	3	—	3	15	2	—
Ennerdale	10	8	22	—	5	8	31	—
Millom	11	9	31	—	3	2	76	—
Penrith	5	—	3	—	2	4	50	—
Wigton	32	22	23	1	9	24	75	—
TOTALS	152	73	138	3	47	591	418	2
1945	369	69	140	2	88	2937	199	—
1944	324	195	206	1	87	782	479	2
1943	291	77	208	5	81	2331	485	5

VACCINATION.

The usual appendix on vaccination is again omitted, but the following summary of the position gives the essential details :—

Registered Births	.. .. .	3711
Certificates of Successful Vaccination	.. ..	1904 (51.30%)
Statutory Declarations	.. .. .	1381 (37.21%)
Cases otherwise accounted for (that is infants who died unvaccinated, postponements, removed from the district, cases lost sight of)	.. ..	244 (6.58%)
Cases unaccounted for	.. .. .	182 (4.90%)

These figures vary little from those of the previous year. Under the National Health Services Act, 1946, vaccination ceases to be compulsory and becomes a voluntary service on and after the appointed day.

It is difficult to anticipate what percentage of parents will continue to have their children vaccinated under the voluntary system, but one may, I think, take it that the figures will be very much as at present because at present any parent can evade vaccination for his children with little difficulty if he desires to do so.

During the year Dr. Robertson, Public Vaccinator for Cleator Moor, and Dr. Dalgetty, Public Vaccinator for Alston, were replaced by Dr. Fitch and Dr. Hassan respectively.

PREVENTION OF BLINDNESS.

During the year 33 cases were examined by Ophthalmic Surgeons under the Prevention of Blindness scheme. In 16 cases glasses were provided, 3 cases received operative treatment and one is awaiting operative treatment.

With regard to ophthalmia neonatorum, 7 cases were notified. It was not necessary to admit any case to hospital for treatment as modern lines of treatment can be efficiently carried out at home. It happened, however, that in three cases the condition developed in the hospital where the mother was confined. Vision was unimpaired in each case.

CANCER.

The total number of deaths from cancer during 1946 amounted to 313, which is exactly the same as for the previous year, but considerably lower than for certain preceding years.

The age and sex distribution of deaths and the aggregates of the Urban and Rural Districts are set out in the tables which follow. There is very little difference between these tables and those for the previous year. The incidence in certain areas has risen and there are small changes here and there. For example, in one Urban District the number of male deaths has risen from 2 to 13, but speaking generally, there is very little change.

During the year 21 new cases were referred to this department in the first instance. This figure steadily falls, because, in practice, cases for the whole area are now being referred direct to the Cumberland Infirmary by the practitioner concerned, and we only learn of them if further treatment such as deep X-ray is indicated, when we have to arrange transfer to other hospitals and provide maintenance costs. I am not sure whether this is a good thing or not. It clearly raises the point that if, under the new regime which starts next year, patients suffering from cancer, tuberculosis, venereal disease, or anything else you like are going to be referred direct to hospital without passing through this department, it is difficult to see how we can be properly responsible for the domiciliary side and after-care. This is a typical point which will obviously call for clearing up in due course.

Of the 98 cases brought to our notice by the Cumberland Infirmary or directly, 76 received in-patient treatment in hospital, apart, of course, from the Cumberland Infirmary, as under :—

Shotley Bridge E.M S. Hospital	..	..	..	61
Radium Institute, Manchester	..	..	..	6
Newcastle General Hospital	..	..	..	8
Royal Victoria Infirmary, Newcastle	..	..	..	1
				<hr/> 76 <hr/>

Seven old cases were re-admitted for further treatment to Shotley Bridge or Newcastle General Hospital.

After-care attendances, excluding the Cumberland Infirmary were as follows :

North Lonsdale Hospital, Barrow-in-Furness	..	62
Kendal Hospital	.. .. .	2
		<hr/> 64 <hr/>

These attendances are, of course, only a fraction of the after-care work which is undertaken. Most of the after-care work naturally gravitates to the Cumberland Infirmary on account of the routine visits of the Radio-therapist, and also because in the majority of cases this is the Institution in which diagnosis and early treatment is undertaken.

The Work of the Cumberland Infirmary.

I am indebted to Miss Carlyle, the Records Clerk at the Cumberland Infirmary, for the following information as to patients and attendances.

During 1946 the number of new out-patients from the area of the Administrative County was 131. This is approximately the same figure as for the previous year. During the year, there were 143 admissions for in-patient treatment at the hospital, of which a small number were re-admissions either of cases seen for the first time in 1946 or of patients seen in previous years. The fact however remains that a very high proportion of the patients seen as out-patients for the first time are being admitted for in-patient treatment, which means they are being sent for treatment at a stage of the disease when treatment is still practicable. This tendency for the earlier reference of cases is, of course, highly satisfactory and indeed is a vital point in the cancer campaign. One would hope that the time will come when *every* patient will reach the Cancer Investigation Centre at a stage when the disease is amenable to treatment. This horizon is somewhat Utopian because it implies the co-operation of the patient at an early stage and that is not always forthcoming.

The total number of out-patient attendances from the area of the Administrative County, including first attendances, was 1,048. This is very similar to the previous year. It may be interesting to point out that in addition to cases from the Administrative County, the Cumberland Infirmary admitted 63 cases from Carlisle and 34 from other districts, chiefly from the South of Scotland, as in-patients. These, and other patients, also made a total of out-patient attendances amounting to 947. The total number of in-patients treated was, therefore, 240, and the total number of out-patient attendances was almost exactly 2,000.

These are substantial figures, and indicate the volume of work undertaken at our Base Hospital, and, I think, beyond question justify the recognition of the hospital as a full Cancer Treatment Centre.

We are fortunate to continue to have almost weekly visits at the Cumberland Infirmary by the Director of the North of England Cancer Organisation who has seen in consultation during the year very large numbers of cancer patients including, of course, all the new cases and many cases still under observation from previous years. I think it is clear that the time is not far distant when a Radiotherapist may have to be appointed to the hospital to be resident in this area.

Pre-cancerous cases have not been included in the above statistics.

The areas of the Administrative County from which patients suffering from cancer received treatment, in-patient or out-patient, at the Cumberland Infirmary, are shown in the following table :—

Urban Districts.

Cockermouth	..	..	..	..	..	..	17
Keswick	..	..	..	..	..	..	4
Maryport	..	..	..	..	..	..	49
Penrith	..	..	..	..	..	..	53
Whitehaven	..	..	..	..	..	..	23
Workington	..	..	..	..	..	..	88

Rural Districts.

Alston	..	..	..	..	..	..	7
Border	..	..	..	..	..	..	95
Cockermouth	..	..	..	..	..	..	37
Ennerdale	..	..	..	..	..	..	31
Millom	..	..	..	..	..	..	8
Penrith	..	..	..	..	..	..	36
Wigton	..	..	..	..	..	..	126

CANCER DEATHS DURING 1946—BY SANITARY DISTRICTS.

						Males	Females	Total
URBAN DISTRICTS.								
Cockermouth	..	..	..	..	..	2	6	8
Keswick	..	..	..	..	..	3	5	8
Maryport	..	..	..	..	..	13	11	24
Penrith	..	..	..	..	..	7	15	22
Whitehaven	..	..	..	..	..	19	19	38
Workington	..	..	..	..	..	19	17	36
Aggregate of Urban Districts						63	73	136
RURAL DISTRICTS.								
Alston	..	..	..	..	..	1	1	2
Border	..	..	..	..	..	20	18	38
Cockermouth	..	..	..	..	..	12	15	27
Ennerdale	..	..	..	..	..	17	21	38
Millom	..	..	..	..	..	7	10	17
Penrith	..	..	..	..	..	5	9	14
Wigton	..	..	..	..	..	22	19	41
Aggregate of Rural Districts						84	93	177
Whole County						147	166	313

CANCER DEATHS DURING 1946—BY AGE GROUPS.

	15-45		45-65		65 +		All Ages Totals.	
	M.	F.	M.	F.	M.	F.	M.	F.
URBAN DISTRICTS ..	4	4	26	29	33	40	63	73
Rural Districts ..	8	6	35	41	41	46	84	93
Whole County	12	10	61	70	74	83	147	166
	22		131		160		313	

TUBERCULOSIS.

The number of cases of pulmonary tuberculosis notified as primary notifications was 197, a few more than for the previous year. Non-pulmonary notifications at 48 show a considerable decrease. In addition 48 cases came to notice in other ways. Of these, 33 were pulmonary, and 15 were non-pulmonary. "Other ways" means cases in connection with which information has been obtained from death certificates, and by transfers from other areas.

Table A.—Notifications.

			Pulmonary.			Non-Pulmonary.		
1941..	..	..	199	..	..	..	81	
1942..	..	..	178	..	..	..	78	
1943..	..	..	164	..	..	..	70	
1944..	..	..	178	..	..	..	61	
1945..	..	..	182	..	..	..	71	
1946..	..	..	197	..	..	..	48	

The total deaths from tuberculosis are shown in the following table :—

Table B.—Deaths.

			Pulmonary.			Non-Pulmonary.		
1941..	..	..	116	..	..	..	41	
1942..	..	..	117	..	..	..	49	
1943..	..	..	93	..	..	..	33	
1944..	..	..	95	..	..	..	23	
1945..	..	..	122	..	..	..	26	
1946..	..	..	97	..	..	..	28	

The death-rate on the Registrar General's figures for the Administrative County in respect of pulmonary tuberculosis for 1946 is .48 per thousand of the population, and in respect of non-pulmonary tuberculosis .14 per thousand of the population. These figures compare with .63 per thousand, and .13 per thousand, respectively, for 1945, and call for little comment.

It is very satisfactory, however, to note that the deaths from pulmonary tuberculosis have fallen to the low level of the years 1943, and 1944, and that the rise which occurred in 1945 has not been maintained. It seems reasonable to assume that our normal pulmonary tuberculosis death-rate is now more or less settled at about the figure of .48 per thousand of the population, which figure is low by present standards, although we would hope that it may be possible still to reduce this figure substantially. Whitehaven Borough is by a long way at the head of the list in this matter of pulmonary tuberculosis death rates, and is followed at a

Our approximate average bed accommodation for *pulmonary* cases occupied at the different institutions during the year was as under :—

	<i>Beds.</i>		
At Blencathra Sanatorium 69
At Meathop Sanatorium 24
At Stannington Sanatorium 10

This accommodation may be said to be fairly adequate as regards adults. We have now at our call a considerable number of additional beds at Blencathra Sanatorium, and in consequence the waiting list has fallen materially, and the time-lag before admission has now been considerably reduced, and generally we are now satisfactorily placed in this matter compared with many other areas.

The position in regard to children's beds for pulmonary tuberculosis is far from satisfactory. Not only has the number of beds available to us at Stannington Sanatorium, to which we send our cases, been cut by more than half, but in the past few weeks we have received notification that owing to staffing difficulties the sanatorium can no longer receive cases of children with pulmonary tuberculosis who have a positive sputum. What is to be done with children of this group in future, in view of this distressing situation, I frankly do not know. I suppose they will have to be admitted to Blencathra Sanatorium, but the mixing up of children and adults in the same sanatorium is most undesirable. Fortunately, or unfortunately, the solution of this serious problem will presently pass to other hands under the operation of the National Health Service Act, 1946, when the Regional Hospital Board will take over.

The Year's Work.

The total number of cases admitted to Institutions for diagnosis or treatment was as follows :—

	<i>Males.</i>		<i>Females.</i>		<i>Total.</i>
Adults in Meathop and Blencathra	..	92	..	75	.. 167
Children in Stannington	..	6	..	7	.. 13
Other Institutions	..	14	..	16	.. 30

Tuberculosis of bones and joints.

Ethel Hedley Hospital and Shropshire					
Orthopaedic Hospital	..	8	..	7	.. 15

The admissions of pulmonary cases to sanatoria at 210 are considerably higher than for the previous year, or indeed, for any previous year, as will be seen from the following table :—

1942	..	..	..	..	..	..	155
1943	..	..	..	..	..	..	171
1944	..	..	..	..	..	..	166
1945	..	..	..	..	..	..	160
1946	..	..	..	..	..	..	210

The main statistics for the year are as under :—

New cases examined at Dispensaries	..	..	..	165
Number of contacts examined	..	..	..	778
Number of pulmonary cases on the Dispensary Registers at the end of the year	..	..	..	776
Consultations with Practitioners	..	..	..	301
Visits to homes of patients by Tuberculosis Officers	..	..	..	468
Visits to homes of patients by Tuberculosis Nurses	..	..	..	2150
Sputum Examinations	..	..	..	392
X-ray Examinations	..	..	..	556
Attendances at Dispensaries	..	..	..	2838
Shelters in use	..	..	..	18
Cases receiving extra nourishment (Apart from Public Assistance Committee Grants)	..	..	..	39

These figures call for no comment. They are substantially the same as for the previous year.

Refill Clinics at Carlisle and Workington continue to expand. These are at present held fortnightly, but increasing attendance make it almost certain that weekly refill clinics will have to be instituted. The number of attendances at the Carlisle Clinic was 286, and at Workington Clinic 528.

We continue to have referred to us cases suspected as tubercular by the National Service Medical Board. We are dealing also with a certain number of persons discharged from H.M. Forces on account of pulmonary tuberculosis, and we are now undertaking an increasing number of examinations for the Ministry of Pensions, Ministry of Health, and the Ministry of Labour in connection with the Register of Disabled Persons.

Memo. 266/T.

The payment of allowances under this Memorandum began early in August, 1943. There is effective liaison between this Department and the Departments of the Director of Social Welfare, and of the County Treasurer, and the system of payment of the appropriate allowances works smoothly and without delay. Payment of allowances is made fortnightly, one week in arrear, and one week in advance.

The following is a summary of the position from April 1st, 1946, to March 31st, 1947 :—

New applications received during the year	..	..	50
Total cases receiving allowances during the year			81
Payments to patients :—			
(a) domiciliary	..	..	£2,430
(b) in-patients (pocket money)			£30

Public Health Act, 1936, Section 172.

No action was taken under this section.

